

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
OCT 27 2020  
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	20-0308
Date:	11-12-20
Amount Paid:	\$510.00 10-27-20 check
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Brian Kerckhoff	Mailing Address: 2110 Farms Rd	City/State/Zip: Tallahassee, FL 32317	Telephone: (850) 510-6906
Address of Property: 90570 Bark Point Rd	City/State/Zip: Herbster, WI 54844	Cell Phone:	
Contractor: John Schwiesow	Contractor Phone: (715) 292-9397	Plumber: David Blakeman	Plumber Phone: (715) 682-6050
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 12050	Recorded Document: (Showing Ownership) 2018R - 574459
1/4, 1/4	Gov't Lot 3	Lot(s)	CSM
Vol & Page	CSM Doc #	Lot(s) #	Block #
Subdivision:			
Section 24, Township 51 N, Range 7 W	Town of: Clover	Lot Size 1.6	Acreage 1.6

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 115 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 170000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 60 FT	Width: 40 FT	Height: 15 FT

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( 52 X 26 )	1321
	<input checked="" type="checkbox"/>	with Loft	( X )	
	<input checked="" type="checkbox"/>	with a Porch	( 8 X 26 )	208
	<input checked="" type="checkbox"/>	with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
	<input checked="" type="checkbox"/>	with Attached Garage	( 14 X 26 )	364
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 10/26/2020

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit Please call (850) 510-6906 will pick up

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

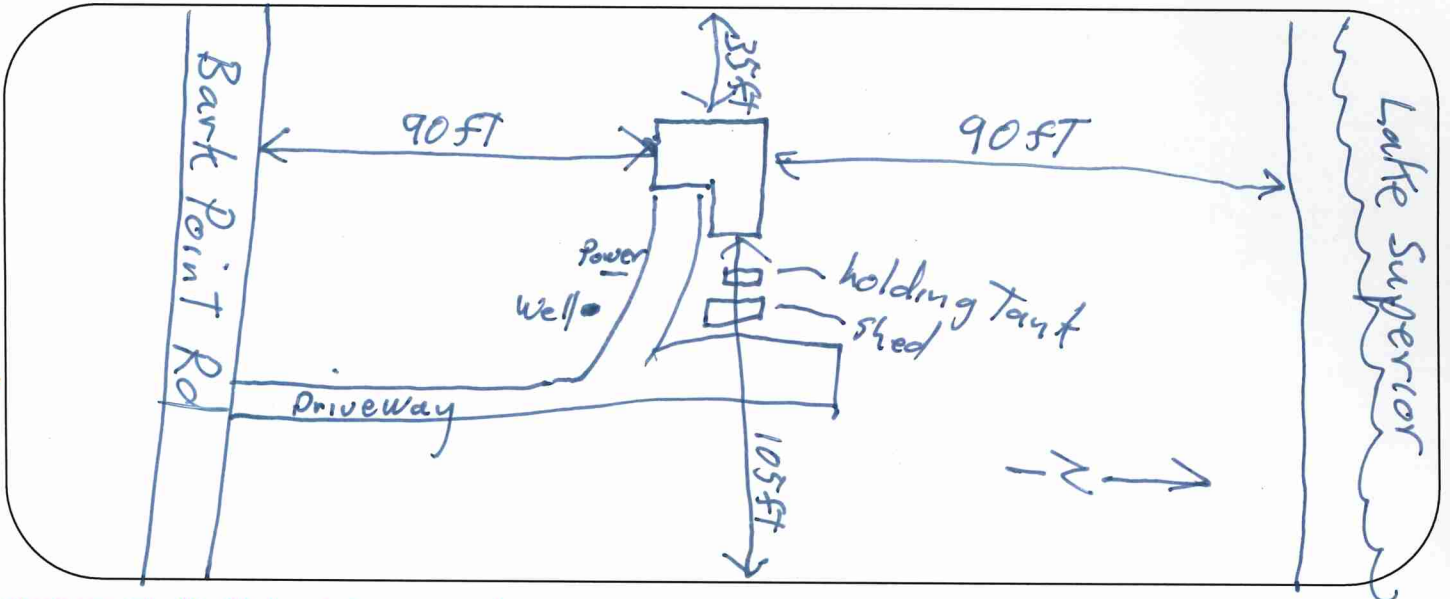
Original Application MUST be submitted



Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)
- (6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond
- (7) Show any (\*): (\* Wetlands; or (\* Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	105 Feet	Setback from the Lake (ordinary high-water mark)	115 Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	90 Feet
Setback from the North Lot Line	90 Feet		
Setback from the South Lot Line	90 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	35 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	105 Feet	Elevation of Floodplain (lake)	16 Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	75 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 18-1435	# of bedrooms: 4	Sanitary Date: 10-29-18
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0308		Permit Date: 11-12-20		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Adjacent properties surveyed and lot lines apparent. Owner on-site and house location staked. Appears code compliant.		Zoning District (RRB)		
Date of Inspection: 10-22-20		Inspected by: Todd Norwood		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (1)		
Signature of Inspector: Todd Norwood		Date of Re-Inspection:		
Date of Approval: 11-3-20				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Practices to minimize runoff and retaining native vegetation to limit bluff erosion. Must meet and maintain setbacks.



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **Reconnect 18-143S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0308** Issued To: **Brian Kerckhoff**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **24** Township **51** N. Range **7** W. Town of **Clover**

Part in

Gov't Lot **3** Lot Block Subdivision CSM#

For: **Residential Use: [ 1- Story; Residence (52' x 26') = 1,321 sq. ft.; Porch (8' x 26') = 208 sq. ft.;  
Attached Garage (4' x 26') = 364 sq. ft. ] Total Overall = 1,893 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** A uniform dwelling code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to the start of construction. Structure must be at least 75' from bluff edge and preferably farther to account for future erosion. Zoning recommends practices to minimize runoff and retaining native vegetation to limit bluff erosion. Must meet and maintain setbacks. Maintain system per recorded document.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**November 12, 2020**

Date

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE - X  
SANITARY - 298159  
SIGN -  
SPECIAL - NA  
CONDITIONAL -  
BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No: 11042001-2020

Tax ID: 12103

Issued To: KEITH KOENNING

Location: LOT 2 CSM IN V.3 P.8 LOCATED Section 26  
IN GOVT LOT 5) IN V.724 P.388 705C

Township 51 N.

Range 07 W.

CLOVER

Govt Lot 1

Lot 0

Block 0

Subdivision:

CSM#

For: Residential / Other / 14L x 7W x 8H

Condition(s): Structure not for human habitation. No pressurized water allowed inside structure. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized  
construction work or land use has not begun.

Changes in plans or specifications shall not be made without  
obtaining approval. This permit may be void or revoked if any of the  
application information is found to have been misrepresented,  
erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are  
not completed or if any conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**Fri Nov 13 2020**

Date